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| Adults: | Children:(circle as applies) |
| *First Aid | ⊛ - Medical Alert |
| **CPR | ◆ - Medications |

GROUP ATTENDANCE ROSTER

Trip Site: _____
 Date: _____
 Facility's Name: _____

Trip Leader: _____
 Address: _____

Adult Group Leader: _____
 Phone: () _____

| Vehicle Adult | Child's Name | Attendance | | | | | | | | | | Home Phone # | Father's Name Work # | Mother's Name Work # | Physician's Name Office # | Medication (See permission) | Emergency Contact |
|------------------|--------------|------------|---|--|--|--|--|--|--|--|--|--------------------|----------------------------|----------------------------|---------------------------------|-----------------------------------|----------------------|
| | | ⊛ | ◆ | | | | | | | | | | | | | | |
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